

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |                               |  |
|---|-------------------------------|--|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b> | <b>Attorney Docket Number</b> |  |
|   | <b>First Named Inventor</b>   | Graham Spruiell  |
|   | <b>COMPLETE IF KNOWN</b>      |  |
|   | <b>Application Number</b>     |  |
|   | <b>Filing Date</b>            | 65<br>02/15/2002   |
| <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing         | <b>OR</b>                     | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
|   | <b>Art Unit</b>               |  |
|   | <b>Examiner Name</b>          |  |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PATIENT USABLE EMERGENCY MEDICAL KIT

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Graham Lindley

(first and middle [if any])

Family Name

Spruiell

or Surname

Inventor's  
Signature*Graham Spruiell*

Date

02/15/2002

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

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or Surname

Inventor's  
Signature

Date

Residence: City

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Citizenship

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☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → 

PTO/SB/61 (02-01)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Attorney Docket Number

SPRUIELL, G.

PATIENT USABLE EMERGENCY med kit

IMA-0014.0KYPK

I hereby appoint:

☐ Practitioners at Customer Number  →Place Customer  
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Label here☒ Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| EDWARD L. KELLEY | 91,112              |
|                  |                     |
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I am the.

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name

GRAHAM SPRUIELL

Signature

Graham Spruiell

Date

2/15/2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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